



LOUISIANA DEPARTMENT OF AGRICULTURE & FORESTRY

MIKE STRAIN DVM, COMMISSIONER

Agriculture & Environmental Sciences, P.O. Box 3596, Baton Rouge, LA 70821-3596, (225) 925-3789, FAX (225) 925-3760

Organic Greenhouse/Specialty Crop Plan Certification Questionnaire

Please fill out this questionnaire if you are requesting organic crop certification. Use additional sheets if necessary. Sign this form. Attach all other supporting documents (soil, tissue or water tests, rented or recently purchased facilities, etc.) outlined in section 9 of this questionnaire. This form or an update form may be used to update certification, according to certifying agent policies. (\$25.00 Nonrefundable Application Fee)

SECTION 1: General Information				NOP Rule 205.401			
Name (Authorized Representative)				Company Name			
Address				City			
State				Zip code		Date	
Phone		Fax Email					
Legal status: <input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Legal partnership (federal form 1065) <input type="checkbox"/> Corporation <input type="checkbox"/> Cooperative <input type="checkbox"/> Trust or non-profit <input type="checkbox"/> Other (specify)							
Year first certified	List previous organic certification by other agencies		List current organic certification by other agencies		Year when Organic Farm Plan Questionnaire was last submitted		
Type of Operation List <u>all</u> crops or products requested for certification.							
Have you ever been denied certification? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, describe the circumstances:					
Do you understand the current National Organic Program (NOP) standards? <input type="checkbox"/> Yes <input type="checkbox"/> No				Do you have a copy of current NOP standards? <input type="checkbox"/> Yes <input type="checkbox"/> No			
For office use only							
Date received		Transmittal #					
Date reviewed		Check #		Check Date		Amount \$	
Reviewer							

ORGANIC FARMING

0124 1690 08

Give directions to your operation for the inspector.

When are you available to contact? ☐ Morning ☐ Afternoon ☐ Evening

When are you available for the inspection? ☐ Morning ☐ Afternoon ☐ Evening

(The Authorized Representative of the operation must be present for the inspection.)

SECTION 2: Organic Plan Information

NOP Rule 205.201(a)

CROP/PRODUCT REQUESTED FOR CERTIFICATION	TOTAL ACRES/SQUARE FEET PER CROP	PROJECTED YIELDS (VOLUME)

Are your production facilities new? ☐ Yes ☐ No

If no, what steps have you taken to assure that no prohibited substances/residues exist that may pose a contamination risk?

SECTION 3: Seeds and Seed Treatments

NOP Rule 205.204

NOP Rule requires the use of organically grown seeds, unless the variety is not commercially available. If using non-organic seeds, you must have records of your attempts to source organic seed. Synthetic seed treatments are prohibited unless included on the National List. Genetically engineered/modified (GMO) seeds and inoculants are prohibited in organic production. NOP Rule uses the phrase "excluded methods" to refer to GMO products. Please save all seed and inoculant labels, and documentation of commercial unavailability of organic seeds to show the inspector. Sprout production must originate from organically produced seeds (NO EXCEPTIONS).

List all seeds used or planned for use in the current season. Check the appropriate boxes and provide other information as needed. Attach additional sheets if necessary.

☐ No seeds used ☐ All seeds are organic ☐ Some untreated seed used

SEED/VARIETY/BRAND	ORGANIC (✓)	UNTREATED (✓)	TREATED (✓)	TYPE/BRAND OF TREATMENT FUNGICIDE INOCULANT		WHAT ATTEMPTS DID YOU MAKE TO USE ORGANIC/UNTREATED SEED?

SECTION 4: Source of Seedlings and Perennial Stock**NOP Rule 205.204**

Annual seedlings must be produced according to organic standards. Non-organic perennial plants (planting stock) must be managed organically for at least one year prior to harvest of crop or sale of the plant as certified organic planting stock. Organic planting stock must be used if commercially available. A prohibited treatment may be used if such treatment is a Federal or State phytosanitary requirement.

A. DO YOU PURCHASE ORGANIC SEEDLINGS?☐ Yes ☐ No ☐ Not applicable**Who are the suppliers?****Do you purchase non-organic seedlings?**☐ Yes ☐ No**If yes, state why and describe your attempts to purchase organic seedlings.****B. DO YOU GROW ORGANIC SEEDLINGS ON-FARM?**☐ Yes ☐ No ☐ Not applicable**What type and size is your greenhouse?****Do you raise potted plants or plant crops directly in the ground in the greenhouse?****If treated wood is used in any part of your greenhouse, where is it used?**

List all soil mix ingredients, fertility products, foliar sprays, and/or pest and disease inputs used or planned for use in your organic greenhouse operation. *Attach labels or have labels available for inspection, as applicable.*

SOIL PRODUCT	BRAND NAME OR SOURCE	STATUS: APPROVED (A) RESTRICTED (R)	IF RESTRICTED, DESCRIBE COMPLIANCE WITH NOP RULE	

What equipment do you use in your watering system?**How do you prevent seedling diseases and/or insect problems?**

C. DO YOU GROW BOTH ORGANIC AND NON-ORGANIC PLANTS IN YOUR GREENHOUSE OR PRODUCTION FACILITY?

☐ YES ☐ NO ☐ Not applicable

What organic and non-organic crops are grown? List varieties if the same organic and non-organic crops are grown (parallel production).

How do you separate and identify organic and non-organic growing areas?

How do you label organic and non-organic seedlings/plants?

How do you prevent commingling of organic and non-organic soil mixes during mixing and storage?

Where do you store inputs used for non-organic production?

How do you prevent drift of prohibited materials through ventilation and/or watering systems?

How do you clean seedling containers and equipment?

D. PLANTING STOCK/MUSHROOM SPAWN: (Use additional sheets if necessary) ☐ Not applicable

TYPE	PLANTING STOCK SOURCE	ORGANIC (✓)	NON-ORGANIC (✓)	IF NON-ORGANIC , DATE PLANTED

SECTION 5: Fertility Management

NOP Rule 205.203 and 205.205

A. GENERAL INFORMATION AND EVALUATION (IF APPLICABLE)

What are your nutrient deficiencies? ☐ No deficiencies

How do you monitor the effectiveness of your fertility management program? ☐ soil testing

☐ microbiological testing ☐ tissue testing ☐ observation of soil ☐ observation of crop health

☐ comparison of crop yields ☐ crop quality testing ☐ other (specify)

Attach copies of available test results.

How often do you conduct fertility monitoring? ☐ weekly ☐ monthly ☐ annually ☐ as needed

☐ other (specify)

Rate the effectiveness of your fertility management program. ☐ excellent ☐ satisfactory ☐ needs improvement

What changes do you anticipate?

WHAT ARE THE MAJOR COMPONENTS OF YOUR FERTILITY PLAN?

- ☐ compost ☐ on-farm manure ☐ off-farm manure ☐ soil amendments ☐ liquid (water soluble) fertilizer
☐ foliar fertilizers ☐ biodynamic preparations ☐ soil inoculants ☐ other (specify)

List all **fertility inputs** used or intended for use in the current season on proposed organic fields.

All inputs used during the current year and previous three years must be listed on the Field History Sheet:

Product	Brand name or source	NO. APPLICATIONS PER YEAR	REASON FOR USE

IF YOU USE FERTILIZERS WITH HIGH SALT CONTENT (SODIUM NITRATE, POTASSIUM SULFATE, ETC.), HOW DO YOU PREVENT SALT BUILD-UP?

☐ Not applicable

B. COMPOST USE:

NOP Rule 205.203(c)(2) requires that the composting process include a C:N ration of between 25:1 and 40:1 and maintenance of temperatures between 131°F. and 170°F for a specific number of days, depending on the method of composting. Keep a compost production record to verify compliance.

List all compost ingredients/additives.

☐ Not applicable

What composting method do you use? ☐ in-vessel ☐ static aerated pile ☐ windrows ☐ other (specify)

C. MANURE USE:

NOP Rule 205.203(c)(1) requires that raw manure be fully composted unless applied to fields with crops not for human consumption or incorporated into the soil 120 days prior to harvest for crops whose edible portions has direct contact with the soil, or 90 days prior to harvest for all other crops for human consumption.

What forms of manure do you use? ☐ none ☐ liquid ☐ semi-solid ☐ piled ☐ fully composted
☐ other (specify)

What types of crops do you grow? Check all boxes that apply.

- ☐ crops not used for human consumption
☐ crops for human consumption whose edible portion has direct contact with the soil or soil particles
☐ crops for human consumption whose edible portion does not have direct contact with the soil or soil particles

WHAT IS THE SOURCE OF THE MANURE YOU USE? ☐ On-Farm ☐ Off-Farm ☐ Not Applicable

LIST ALL SOURCES OF OFF-FARM MANURE.

LIST ALL MANURE INGREDIENTS/ADDITIVES.

IF YOU USE MANURE, WHAT ARE THE POTENTIAL CONTAMINANTS (PIT ADDITIVES, FEED ADDITIVES, PESTICIDES, ANTIBIOTICS, HEAVY METALS, ETC.) FROM THESE SOURCES? ATTACH RESIDUE ANALYSIS/ADDITIVE SPECIFICATIONS FOR MANURE, IF AVAILABLE.

WATER USE:☐ none☐ irrigation ☐ foliar sprays ☐ washing crops ☐ greenhouse ☐ other (specify)**Source of water:** ☐ on-site well(s) ☐ river/creek/pond ☐ spring ☐ municipal/county ☐ irrigation district
☐ other (specify)*Attach current water tests for nitrates and coliform bacteria, per certifying agent policy.***Type of irrigation system:** ☐ none☐ drip ☐ flood ☐ center pivot ☐ other (specify)**What input products are applied through the irrigation system?** ☐ none**What products do you use to clean irrigation lines/nozzles?** ☐ none**Is the system shared with another operator?** ☐ Yes ☐ No

If yes, what products do they use?

Is the system flushed and documented between conventional and organic use? ☐ Yes ☐ No**List known contaminants in water supplies in your area.** *Attach residue analysis and/or salinity test results, if applicable.***Describe your efforts to minimize water contamination problems listed above.** ☐ Not applicable**Describe how you monitor the effectiveness of your water quality program.****How often do you conduct water quality monitoring?** ☐ weekly ☐ monthly ☐ annually ☐ as needed☐ other (specify)**SECTION 6: Specialty Crop Pest Management****NOP Rule 205.205 and 205.206****Approved synthetic materials on the National List 205.601 may only be used when management practices are insufficient to prevent or control problems. All pest and disease inputs must be approved. A "restricted" input has specific annotations for its use. If you use a "restricted" material, you must provide evidence of how you address the materials' annotation.****A. PEST MANAGEMENT PLAN:** ☐ No pest problems**What are your problem pests?** ☐ insects (list)☐ rodents ☐ gophers ☐ birds ☐ other animals (specify)**Do you work with a pest control advisor?** ☐ Yes ☐ No**What strategies do you use to control pest damage to crops?** ☐ none used☐ selection for plant species/varieties ☐ hand picking☐ monitoring ☐ physical barriers ☐ physical removal ☐ traps ☐ lures ☐ IPM☐ insect repellents ☐ animal repellents ☐ release of predators/parasites of pest species☐ use of approved products ☐ use of restricted products ☐ limited use of prohibited products☐ other (specify)**Do you keep a record of how often you utilize these pest control methods, i.e., dates when you scout or apply inputs to a specific field or crop?** ☐ Yes ☐ No

List all pest control products used or intended for use. All inputs used or intended for use during the current year and in the previous three years must be listed on your Field History Sheet.

☐ Not applicable

PEST PROBLEM	CONTROL PRODUCT	STATUS: APPROVED (A) RESTRICTED (R)	IF RESTRICTED, DESCRIBE COMPLIANCE WITH NOP RULE

EVALUATION:

Rate the effectiveness of your pest management program? ☐ excellent ☐ satisfactory ☐ needs improvement

How do you monitor the effectiveness of your pest management program? ☐ insect monitoring with traps

☐ observation of crop health ☐ monitoring records kept

☐ other (specify)

Attach copies of your test results, if applicable.

How often do you conduct pest monitoring? ☐ weekly ☐ monthly ☐ annually ☐ as needed

☐ other (specify)

D. DISEASE MANAGEMENT PLAN:

☐ No disease problems

What disease prevention strategies do you use? ☐ sanitation ☐ selection of plant species/varieties

☐ vector management ☐ soil balancing ☐ solarization ☐ compost/tea use ☐ use of approved materials

☐ use of restricted materials ☐ limited use of prohibited materials ☐ other (specify)

List all disease management including sanitation inputs used or intended for use on your organic crops. All inputs used or intended for use during the current year and used in the previous three years must be listed on your Field History Sheet.

☐ Not applicable

DISEASE PROBLEM	CONTROL PRODUCT	STATUS: APPROVED (A) RESTRICTED (R)	IF RESTRICTED, DESCRIBE COMPLIANCE WITH NOP RULE ANNOTATION

EVALUATION:

Rate the effectiveness of your disease management program? ☐ excellent ☐ satisfactory ☐ needs improvement

How do you monitor the effectiveness of your pest management program? ☐ soil testing

☐ microbiological testing ☐ observation of crop health ☐ monitoring records kept ☐ other (specify)

Attach copies of your test results, if applicable.

How often do you conduct pest monitoring? ☐ weekly ☐ monthly ☐ annually ☐ as needed

☐ other (specify)

SECTION 7: MAINTENANCE OF ORGANIC INTEGRITY
NOP RULE 205.201(A)(5) & 205.202(C)
C. EQUIPMENT:

To prevent commingling and contamination, all equipment used in organic crop production must be free of non-organic crops and prohibited materials. Equipment used for both organic and non-organic farming must be cleaned and flushed prior to use on organic fields or crops. Keep records of equipment clean and flush activities.

If different areas of production are handling both organic and non-organic products, how is commingling and cross contamination prevented ? ☐ Not applicable

List equipment used for planting, spraying, and harvesting. ☐ Not applicable

EQUIPMENT NAME	OWNED (O), RENTED (R), OR CUSTOM (C)	CHECK IF USED ON BOTH ORGANIC AND CONVENTIONAL (✓)	HOW IS EQUIPMENT CLEANED BEFORE USE ON ORGANIC FIELDS?

Is your equipment maintained so that fuel, oil and hydraulic fluid do not leak? ☐ Yes ☐ No ☐ Not applicable

Do you use spray equipment? ☐ Yes ☐ No

If the spray equipment has previously been used on conventional crops, what measures have you taken to prevent contamination of organically grown crops?

D. HARVEST:

NOP Rule 205.272(b)(1) and (2) requires that containers, bins, and packaging materials must not contain synthetic fungicides, preservatives, or fumigants. All reusable containers must be thoroughly cleaned and pose no risk of contamination prior to use.

How are your organic crops harvested? ☐ mechanical ☐ by hand

Are any organic crops custom harvested? ☐ Yes ☐ No

If yes, provide name and address of custom harvester.

Describe steps taken to protect organic crops from commingling and contamination during harvest.

What containers are used for harvesting? ☐ gravity wagons/boxes ☐ truck boxes ☐ cardboard/waxed boxes
☐ wooden totes ☐ plastic containers ☐ other (specify)

Are containers new or used? ☐ new ☐ used

If used, what did they contain prior to organic use?

Are the containers used for organic crops only? ☐ Yes ☐ No

Describe potential contamination or commingling problems you have with harvest of organic crops.

E. POST-HARVEST HANDLING:☐ Not applicable

NOP Rule 205.201(a)(5) requires that post-harvest handling procedures do not contaminate organic products with non-organic crops or prohibited materials.

Describe your post-harvest handling procedures and equipment.

Is the processing area and equipment used for both organic and non-organic products?

☐ Yes ☐ No

If yes, describe steps taken to prevent commingling and contamination.

Check types of packaging material used:

☐ bulk ☐ paper ☐ cardboard ☐ wood ☐ glass ☐ metal
☐ foil ☐ plastic ☐ waxed paper ☐ aseptic ☐ natural fiber ☐ synthetic fiber ☐ other (specify)

In what form are finished products shipped?

☐ dry bulk ☐ liquid bulk ☐ tote bags ☐ tote boxes ☐ paper bags

☐ foil bags ☐ metal drums ☐ mesh bags ☐ cardboard drums ☐ cardboard cases ☐ plastic crates
☐ other (specify)

F. CROP STORAGE:☐ No organic crop storage

storage

Operators must keep organic and non-organic crops in separate storage areas and prevent commingling and contamination. Storage records must be maintained.

Describe your storage locations.

STORAGE ID #	TYPE OF CROPS STORED	TYPE OF STORAGE	CAPACITY/SIZE	ORGANIC (O), CONVENTIONAL (C)

Do you use the same storage areas for organic and conventional crops.

☐ Yes ☐ No

If yes, how do you segregate organic crops from non-organic crops?

How do you clean storage units prior to storage of organic crops?

How do you prevent/control insect pests in crop storage areas?

☐ No insect problems

How do you control rodents in crop storage areas?

☐ No rodent problems

What stored crop inputs have you used in the last three years?

☐ none

☐ synthetic fumigants ☐ rodenticides ☐ sprouting inhibitors ☐ ripeners ☐ growth regulators
☐ preservatives ☐ oils ☐ coloring agents ☐ waxes ☐ other (specify)

G. TRANSPORTATION:☐ Not applicable

Who is responsible for arranging transportation of organic products?

☐ self ☐ buyer ☐ other (specify)

Describe how organic products are transported.

What potential contamination or commingling problems do you have with the transport of organic crops?

☐ none

What steps are taken to protect the integrity of organic products during transport?

☐ dedicated organic only ☐ inspecting transport units prior to loading ☐ cleaning transport units prior to loading
☐ use of Clean Truck Affidavits ☐ letter/contract with transport company stating organic requirements
☐ other (specify)

SECTION 8: Record Keeping System**NOP Rule 205.103**

NOP Rule requires that records disclose all activities and transactions of the operation, be maintained for 5 years, and demonstrate compliance with the NOP Rule. Organic products must be tracked back to the field/location where they were produced/harvested. All records must be accessible to the inspector.

A. RECORDS: *Please have these records available for the inspector.*

Which of the following records do you keep for organic production?

- ☐ input records for soil amendments, seeds, manure, foliar sprays, and pest control products (keep all labels)
- ☐ documentation of attempts to source organic seeds and/or planting stock
- ☐ documentation of organic seedlings
- ☐ residue analyses of inputs (i.e., manure sourced off-farm)
- ☐ compost production records
- ☐ monitoring records (soil tests, tissue tests, water tests, quality tests, observations)
- ☐ equipment cleaning records
- ☐ label records
- ☐ storage records that show storage location, storage identification, field numbers, amounts stored, and cleaning activities
- ☐ clean transport records
- ☐ sales records (purchase order, contract, invoice, cash receipts, cash receipt journal, sales journal, etc.)
- ☐ shipping records (scale ticket, dump station ticket, bill of lading)
- ☐ other (please specify)

Records must be maintained for 5 years.

B. MARKETING:

Type of Marketing:

- ☐ farmers market ☐ direct to retail ☐ CSA/subscription service ☐ wholesale ☐ on-farm retail
- ☐ bulk commodities to processor ☐ contract to buyer ☐ other (specify)

Do you use or plan to use the USDA organic seal on product labels or market information?

☐ Yes ☐ No

Do you use or plan to use the seal of the certifying agent on product labels or market information?

☐ Yes ☐ No

Attach copies of all organic product labels.

SECTION 9: Affirmation

I affirm that all statements made in this application are true and correct. No prohibited products have been applied to any of my organically managed fields during the current year or the three-year period prior to projected harvest. I understand that the operation may be subject to unannounced inspection and/or sampling for residues at any time as deemed appropriate to ensure compliance with the Organic Foods Production Act of 1990 and National Organic Program Rules and Regulations. I understand that acceptance of this questionnaire in no way implies granting of certification by the certifying agent. I agree to provide further information as required by the certifying agent.

Signature of Operator _____

Date _____

I have attached the following documents:

- ☐ Water test, if applicable
 - ☐ Soil and/or plant tissue tests, if applicable
 - ☐ Residue analyses, if applicable
 - ☐ Input product labels, if applicable
 - ☐ Organic product labels, if applicable
- ☐ I have made copies of this questionnaire and other supporting documents for my own records.

SUBMIT:

- 1) Completed Questionnaire**
- 2) Supporting Documents**
- 3) \$25.00 Nonrefundable Application Fee**

TO:

Louisiana Department of Agriculture and Forestry (LDAF)
Organic Certification Program
PO Box 91081
Baton Rouge, LA 70821-9081

**If you have not made copies yet, be sure to do so before submitting
Organic Farm Plan and supporting documents to the office.**